



Under-insured Tally Sheet

(optional use)

Provider or Clinic Name:				Phone:				Quarter:		Person Completing Form:							
	Age	Under-Insured Children Receiving State Supplied Vaccine	DTaP	DT	Td	DTaP / HIB	HIB	IPV	MMR	Hep B Peds	Hep B Adults	Hep B / HIB	Hep A Peds	Hep A Adults	Varicella	Pneumococcal	Influenza
1	<1																
2	<1																
3	<1																
4	<1																
5	<1																
6	<1																
7	<1																
8	<1																
9	<1																
10	<1																
11	<1																
12	<1																
13	<1																
14	<1																
Total																	
1	1-6																
2	1-6																
3	1-6																
4	1-6																
5	1-6																
6	1-6																
7	1-6																
8	1-6																
9	1-6																
10	1-6																
11	1-6																
12	1-6																
Total																	
1	7-18																
2	7-18																
3	7-18																
Total																	
1	>18																
2	>18																
Total																	

Instructions for Completing Optional Under-insured Tally Sheet

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the Quarterly Doses Administered Report.

- Print the name of clinic, the phone number, the quarter/year of this report and name of the person completing this form.
- Place a check mark in the appropriate age and in the Under-insured Children column. (One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child.
- Total all columns (Under-insured Children and Vaccines), and transfer these numbers to the Quarterly Doses Administered Report.
- **Tally Sheets are for provider's use only. Do not return to the Immunization Program.**